CITY OF DANBURY

HEALTH & HUMAN SERVICES DEPARTMENT

155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

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Mayor Mark D. Boughton
City Council
155 Deer Hill Avenue
Danbury, CT 06810

November 19, 2015 1

Re: Health & Human Services Department Monthly Report

Dear Mayor Boughton and Members of the City Council:

The October 2015 Health & Human Services Department monthly report is provided for your review. Detailed reports are attached for each Service, including the Housing, Food Service, Lead Poisoning Prevention, Social Services transition, Seasonal Work, School Based Health Centers operations and Environmental Health which identify specific inspections, tasks and hours provided by our staff.

Main Topics:

The Department continues to work on the computer systems to test and update our inspector's programs to produce reports so the public may have access to inspection results and improve partnerships with the Hospital and other medical clinics to improve services have continued as well. Continued work and preparation for Grant Funding, Public Health Emergency Response plans, CTDP Epidemiology Program follow-up, Health Care facilities, Regional Partners and EMS. Seasonal program have stared; Public Pools, Beach Sampling, increased nuisance complaints, WNV, etc…You are encouraged to review all the information for each Division, as it provides details concerning ongoing activities. Also, I thank you for giving the Health & Human Services Department the opportunity to serve the Citizens of Danbury and feel free to contact us with any questions you may have.

Sincerely,

Scott T. LeRoy, MPH, MS
Director of Health & Human Service

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TO: Mayor Boughton and City Council 2

FR: Social Services

RE: Activities during September, 2015

Mission Statement:

Our Social Services seek to provide the community and its residents with access to municipal and community social services in an expeditious, cost effective and comprehensive manner. Efforts are focused on improving access to housing and emergency shelters; improving access to medical care and coverage and improving social conditions for residents via collaboration and advocacy at the local, state and federal level by identifying and working to create systems of resources that are inclusive of all residents/clients in need.

The following are the highlights from our Social Services activities for September, 2015:

1. Our Housing Caseworker managed approximately 71 active cases.
2. The Day Center, located at the Emergency Shelter, had approximately 778 visits from homeless individuals or those at risk of becoming homeless (this includes weekend service meetings). The breakdown of visits include the following:

    a. Initial Assessments(new clients): 17
    b. Action Plan Development: 12
    c. Veteran Referrals: 4
    d. Referrals to Cash Assistance: 1
    e. Bus Tickets: 1
    f. Housing Related Issues: 5
    g. Housing Placement: 0
    h. Job Searches: 17**
    i. Employment inquiries: 0
    j. Case Management Services: 28
    k. Showers: 130
    l. Lunch: 477
    m. Mental Health Referrals/Case Management: 7*
    n. Adult Medical Referrals: 7
    o. Phone Usage: 3
    p. Substance Abuse Referrals/Case Management: 0*
    q. Clothing Vouchers: 1
    r. Other: 68

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*MCCA counseling services have **RESUMED** on Saturday and Sunday from the hours of 9:00am – 3 3:00pm. In- house counseling referral and case management services at the Day Center are also provided Monday through Friday.

** Providing computer access in Emergency Shelter for job placement and availability.

1. Receiving weekly food donations from arrangement with Community Plates.
2. Attended one (1) meeting of the Community Food Collaborative meeting at United Way.
3. Updating VA Grant per diem for VA representative to discuss summary reports, discharge amendments and plan of action reports for each veteran stay regarding the per diem veterans grant.
4. Meeting with Shelter Coordinator to discuss changes and new required documentation intake forms, vulnerability reports/intakes for Coordinated Access.
5. Working with clients for acceptance of grant funds for rapid re-housing and protocol in place for State approval. Turnaround time for funding is quick.
6. The local community CoC has gone "live" for Coordinated Access at the Emergency Shelter on October 27, 2014. 3 appointments will be conducted Monday-Friday at the Emergency Shelter at 8:30am, 9:30am and 10:15am. Interviews with families will be conducted at 11:30am at the Women's Center, Monday, Tuesday and Thursday. Ongoing appointments made with all local homeless clients staying at all 4 shelters in the community.
7. Food pick-up at Trader Joe's on designated day of the week for all members of the Food Collaborative. The Emergency Shelter date of pick-up is Tuesday's.
8. Attended one (1) meeting of the Continuum of Care.
9. Community Health Clinic has been conducting two clinics per week; medical and behavior clinics at the Emergency Shelter.
10. Attended one (1) meeting for the Housing and Community Development committee of the Danbury Housing Partnership. Meeting with local agencies, support service agency and landlords to utilize properties for client rental with support services attached to assist homeless clients. Following the "housing first model". Finalizing Landlord Breakfast for 10/6/15 at City Hall.
11. Attended four (4) meetings of the Community Care Team (CCT) of all community agencies, services and emergency services (Danbury Hospital, Danbury Police, Danbury EMT), to discuss chronic homeless clients in the community.
12. Attended one (1) meeting of the Danbury Housing First Collaborative.
13. Attended one (1) meeting of the Housing Placement Committee (HPC) in developing a housing registry of clients that are chronically homeless and providing vouchers that are becoming available to the Danbury Community (approximately 25).
14. Attended one (1) meeting of the Farmers' Market.
15. Attended quarterly meeting and annual meeting for the Fair Housing Association of Connecticut.

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16. Meeting with CDBG coordinator, Larry Wagner, on the Emergency Shelter receiving $5000 4 grant.
17. Working with college intern, Mary Bruce, working on Public Health degree. Mary will be working with Human Services division of the Health Department, every Wednesday for fall school session.
18. Attended Transgender workshop for Emergency Shelters in Middletown , Connecticut.
19. Preparing CIA budget, VA budget and Danbury Housing Partnership budget for Finance and City Council.
20. Attended meeting for Project Homeless Connect revitalization for Westconn on December 11th.

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School Based Health Centers (SBHCs) **5**

Monthly Operating Report
September 2015

Brief Program Description: The School Based Health Centers (SBHCs) are freestanding medical centers, located on the grounds of Broadview and Rogers Park Middle Schools, Danbury High School, Henry Abbott Technical School and Newtown Middle School.

The SBHCs promote the physical and mental health of children and youth and ensure their access to comprehensive primary and preventive health care. SBHCs emphasize early identification of physical and mental health concerns and the prevention of more serious problems through early intervention.

Mission: Through improved access to care, children and adolescents will know and adopt behaviors that promote their health and well-being and experience reduced morbidity and mortality through early identification intervention.

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Patient Utilization Data for Period September 1, 2015 – September 30, 2015:
(Note: Data is for all sites combined and cumulative through noted period)

	DHS, BMS, RPMS (DPH Funded)
Total # of Students Enrolled in all Schools	4,996
Total # of Patients Enrolled in the SBHCs	4,154
% of Total School Population Enrolled	83%
Total # of Patient Visits	500
Total # of Medical Visits	303
Total # of Behavioral Health Visits	181
Total # Dental Visits	50

Program Snapshot: Activities/Meetings held September 1, 2015 – September 30, 2015:

M. Bonjour - SBHC Manager

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09/01/15 – Participated in CIFC Senior Management meeting at OST 6
09/03/15 & 09/29/15 – N. Munn, RPMS APRN presented two skin cancer prevention classroom presentations to two sixth grade health classes
09/04/15 – Attended the Region ESF-8 Emergency Preparedness meeting held at Danbury Hospital
09/08/15 – Interviewed Rachel Graham, a 2015 WCSU senior for possible summer intern placement
09/11/15 – Delivered a CBITS (Cognitive Behavioral Intervention Treatment in Schools) grant proposal to DCF, Hartford
09/14/15 - Interviewed Francesca Golightly, a 2015 WCSU senior for possible spring intern placement
09/15/15 – Participated in a Community Health Planning Steering Committee meeting held at Danbury Hospital
09/16/15 – Attended an AmeriCorps Supervisors meeting held at Community Health Services, Hartford
09/16/15 – Participated in a leadership committee meeting of the CT Coalition of Oral Health, Rocky Hill
09/17/15 – Chaired a meeting of the CT Association of School Based Health Centers Board of Directors held at Quinnipiac Valley Health District, North Haven
09/21/15 – Met with Ally Cafferty, incoming 2015-16 AmeriCorps member to review orientation plans and start date for her placement with the SBHCs
09/22/15 – Convened an SBHC All-Staff meeting in the Board meeting room, OST
09/23/15 – Participated in a NQI CoIIN (National Quality Improvement) Orientation webinar lead the National School Health Alliance. The BMS and NMS SBHC sites will participate in an 18-month quality improvement pilot project as part of a 5 CT community-based team
09/23/15 – Provide the CIFC Board of Directors with an overview of the SBHC progress/activity report at the monthly meeting

SBHC Clinical Staff

All SBHC staff completed and are current with required Relias training courses
All staff assisted with facilitating transition to electronic health records (i.e. contact with school maintenance, Systems Support, Comcast, and other related contractors, necessary for installation of lines for ECW)
09/01/15 – DHS APRN arranged courier services through Pony Express to pick up specimens for delivery to State Lab
09/02/15 – M. Bonjour, SBHC Manager and K. White, DHS APRN attended the quarterly meeting of Advisory Board to the Families Network of Western CT
09/09/15 - Ms. Casey attended a webinar entitled Essentials for Counselors to Implement the DSM-5 and ICD-10, in support of the switch to ICD-10 codes for billing purposes

09/10/15 & 09/11/15 – CalMed Inc. conducted an annual inspection and calibration of medical 7 equipment at all SBHC sites
09/14/15 - E. Koepke, PA met with Aminata Lashley, a WIC employee and a former AmeriCorps member who is applying to physician assistant programs. Ms. Lashley will b e shadowing Emilie at HATS every Monday
09/17/15 – All medical providers met with Dr. Golenbock, MD, SBHC Medical Director for their month staff consultation. Asthma and respiratory diseases were discussed
09/17/15 – SBHC behavioral health staff attended a "Depression and Suicide" Conference at Leir Retreat Center, Ridgefield
09/29/15 – K. White APRN attended the Newtown Youth & Family Services Board of Directors meeting

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09/30/15 – SBHC medical provider attended an obesity conference at the Leir Retreat Center, Ridgefield. The 7 keynote speaker was Dr. David Katz, MD in internal medicine and preventative medicine and a professor of Public Health at Yale University.
09/30/15 – SBHC behavioral health staff met for monthly peer supervision at the BMS SBHC. Topic: transition to ICD-10 coding

SBHC Outcome Measures
07/01/15 – 06/30/16

During FY 2015-16, SBHC staff will collect patient data and report on the following DPH required outcome measures listed below. Outcome data results will be updated cumulatively and presented in the CIFC monthly BOD reports. Additionally, data will be utilized to prepare an annual SBHC RBA Report Card and compared to 2014-15 data, noting trends in reasons for visit or patient outcomes.

Outcomes	Measures	
1. Improve access to and utilization of primary and preventive health care and other essential public health services.	a. There will be at least 70% percent of the school's student population enrolled in the SBHC. Enrolled means that a signed parent consent form for the student is on file. b. At least 45% of students enrolled in the SBHC will receive one or more visits. c. At least 80% percent of the student population will receive an outreach contact regarding services available at the SBHC (through distribution of literature, invitation to an open house or event, participation in an educational forum, social media, orother contact)	

DHS SBHC –
New registrants are being verified in PowerSchool and entered. New CIFC registration forms are currently being sent out to 9th graders that do not have the correct form on file.
193 visits were by 132 users bringing the percentage of enrolled students that received one or more visit up to 5% from 2%.
Various outreach measures were carried out to promote the SBHC, including a bulletin board display (see below)

"Dine and Discover" topic was Intro to SBHC services. Information was given to students on various services they can receive through SBHC. Registration forms were given out as well as CIFC SBHC water bottles. Informational brochures were made available for students as well.
Coordinated commencement of dental services. Worked with Hygienist in identifying students in need of treatment and sought out and scheduled such students.
Worked with school nurses and Nurse Practitioner to coordinate services for students in need of vaccines for entry to school.

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Worked with school nurses in identifying students that were non-compliant with district requirement for 8 physical exams. This included calling primary care physicians, and parents. If a student did have a physical exam by their PCP within the required timeframe, the APRN requested a form be faxed confirming by the PCP to the school so that the student in question could remain in school. Those students who were still in need were offered services here or referred to the GDCHC.

BMS SBHC –

Geri Alpert, Office Manager conducts on-going reviews of incoming registration forms and refers all uninsured students to the GDCHC for assistance with Husky Applications through Access Health.

School RN and Guidance Department are giving out registration forms to any students without registration forms whom she thinks would benefit from our services. GDCHC contact information is included with every letter sent home to SBHC members who need immunizations and/or physical exams.

90% of parents are called by APRN after seeing their child, with the hope that a personal phone conversation will lend towards the establishment of therapeutic relationship and in turn increase word of mouth positive feedback regarding the SBHC with other parents.

Year to date = 3 referrals to local PCPs for a medical home (2 GDCHC)

Clare Nespoli, APRN began precepting a Yale University PNP student weekly. This student has had clinical experiences at a Hartford high school SBHC and has shared helpful strategies used there to deal with challenging scenarios.

J. Casey, LCSW met with two of the three BMS guidance counselors to discuss their students utilizing the SBHC and/or receive new referrals and attended the first Pupil Personnel Services meeting with BMS support staff.

On 09/03/15 J. Casey, LCSW attended the 7th and 8th grade Back to School Night and spoke to attending parents about the services available at the SBHC.

RPMS SBHC –

MA continues to receive new or updated consents. Each consent is reviewed for signatures and complete information. If any information is missing, the consent is returned to the student through their homeroom with a note identifying the missing information. A copy is retained in the students file until the consent is returned to the SBHC.

MA and LPC attended the RPMS Parent Open House held on 09/30/15. The LPC presented a SBHC overview to parents in all grades in the auditorium. MA set up a table in the cafeteria with SBHC consents available in English, Spanish and Portuguese. MA greeted parents and provided information and/or answered questions as each grades parents had an assigned time to walk through and obtain information from departments, clubs, organizations were present. There was a large turn-out, with many consents were distributed and questions answered. Pamphlet handouts were also available regarding various topics such as internet safety, getting a good night's sleep, bullying, etc.

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The APRN and LPC has initiated outreach presentations to 6th grade classrooms on "What is a SBHC?" total 9 of eight classroom presentations to 160 6th graders were conducted in September.

Outcomes	Measures	Achievement of Outcome
2. Reduce the occurrence of preventable disease among SBHC enrollees.	a. Enrolled students will be immunized with vaccines recommended by Advisory Committee on Immunization Practices (ACIP) that are required by the State of CT. Annually the number of clinic users who received immunizations and the percentage of students behind in recommended intervals for immunizations who are brought up to date will be reported to the Department. b. The percentage of clinic users offered as well as the number who received Influenza Vaccine will be reported to the Department. c. The percentage of clinic users who received influenza prevention teaching will be reported to the Department.	a. No required vaccines given during the month of September b. Two (2) influenza vaccines administered and reported to State Immunization Program c. 100% of all RPMS reproductive and SBHC orientation classes conducted in Sept. received influenza and flu vaccine information.

RPMS SBHC –

The school nurse and SBHC APRN are working closely together on improving vaccine compliance, getting all students deficient in vaccines up to date. Initially there were 300 students identified as not having required vaccines. If students didn't comply with completion of vaccines or appointment, they were excluded from school effective 10/01. The SBHC APRN currently has four (4) students that will receive vaccines through the SBHC, and is following up on eight (8) additional students so that they can remain in school until the vaccines are administered.

Outcomes	Measures	Achievement of Outcome
3. SBHC enrollees will utilize mental health services to improve their psychosocial functioning through assessment, intervention	a. 90% of school staff receives information about the mental health services offered through the SBHC. b. 85% of clinic users identified with a mental health concern through risk assessment screening receive a mental health	a.100 % of DHS school staff were reached with SBHC information via direct contact and/or school mailings b. 100 % of DHS students seen by MH clinician received a risk assessment through use of a DPH approved screening tool c. 77 % of DHS students receiving MH services 3mth or > demonstrated improved psychosocial functioning (LOF/GAF scores)

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and referral.	assessment administered by the SBHC mental health clinician or are referred for appropriate assessment. c. 50% of clinic users receiving mental health services through the SBHC for at least three months or regular therapy demonstrate improved psychosocial functioning. d. 90% of clinic users identified as having mental health needs that exceed the scope of service provided by through the SBHC are referred to an outside mental health specialty service.	d. 100% of DHS students requiring additional 10 intervention by community-based provider received referral a. 100 % of RPMS school staff were reached with SBHC information via direct contact and/or school mailings b. 100 % of RPMS students seen by MH clinician received a risk assessment through use of a DPH approved screening tool c. 83% of RPMS SBHC users receiving mental health services for therapy for 3 mths or > showed improved psychosocial functioning. Of the 21 unduplicated users seen in Sept., 12 had recd. Services during the last school year and 10 showed improved psychosocial functioning. d. As of 09/30/15, one (1) RPMS students was identified as having mental health needs that exceed the scope of services provided by the SBHC and was referred to a community provider.

DHS SBHC –

K. London, LCSW has had a large number of collateral contacts with staff this month, including the school principal, guidance counselors including ACE counselor Diana DiNardo and administrators. One student, a transgender freshman, has required ongoing contacts between the clinician and the guidance counselor. The clinician has also had to coordinate with one of the school Resource Officers. There are times when a student, for example, has a complaint regarding social media such as Facebook. These occasions often require a police officer's assistance.

K. London had email contact with Nelba Marquez-Greene, LMFT and mother of Ana, a victim of the Sandy Hook tragedy to gather information about the Ana Grace Project.

Outreach to prior patients and students reportedly in need of therapy continued during the month of September with the hopes of engaging the students early in the school year. Additionally, a teacher/head of the ESL program, contacted the clinician about resuming treatment with a young man, mentioned in the May and June board reports last year. His mother spoke to her about the improvements she noticed during treatment. The clinician encouraged the teacher to have the student schedule an appointment and will let the teacher know if he does not.

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A great deal of referral was done during the month of September geared towards connecting students, in particular incoming freshman, with one of the many clubs and organizations at DHS. Involvement and a sense of belonging is very important to mental health and many students are too shy or hesitant to pursue their interests. Many students have demonstrated interest and the teacher advisors to the groups have been very responsive. 11

BMS SBHC –

Jenny Casey, LCSW continued to settle into the new school year. Efforts were made to ensure that all students, faculty and families know of the SBHC services at BMS. Ms. Casey met with former clients to assess the need for continued services and also met with students newly referred. New or continued groups were facilitated.

On 9/1/15 J. Casey, LCSW was introduced to all 7th and 8th graders at each respective grade's assembly where services available at the SBHC were highlighted.

On 9/24/15 J. Casey, LCSW attended a meeting for one of her students in crisis, suffering from depression and anxiety, who had eight days of consecutive absences. The meeting was attended by the student, her mother, both assistant principals, the guidance counselor and a therapist from Family and Children's Aid. A system of support was created to help the student re-enter school and make up missing work.

Three groups that met last year were initiated: an 8th grade Girls' Lunch group with 6 participants; and 8th grade Girls' Stress Management group with 2 participants; and a 7th Grade Girl Power group with three (3) participants.

One (1) new group entitled Family Issues was begun for students whose parents are divorced or for those with other, difficult family concerns (substance abuse, incarceration, or general discord). This group is open to any grade and began with 3 students, an 8th grade male and 2 6th grade females.

RPMS SBHC –

C. Cunningham, LPC has been in contact with Asst. State Attorney Richard Colangelo to present a program to students on living in a digital world. The program will take place on 10/05/15.

The SBHC LPC has been invited to assist the guidance staff in an anti-bullying program to be in October and have held several planning sessions. Additionally, the group has been working with a RPMS Girl Scout group to assist with a spreading kindness activity.

A DCF report was generated on a student who revealed past sexual abuse at home. Significant support is being provided to the student as DCF has referred this to the local police department. Outside counseling services were mandated for multiple family members.

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The SBHC LPC attended at 09/30/15 meeting of the Drug Free Schools committee of the Housatonic Valley 12 Coalition Against Substance Abuse (HVCASA) to identify needs and generate programming ideas for the 2015-2016 school year.

4. Reduce the severity and frequency of asthma symptoms among students with asthma who utilize the SBHC. *Selected as a 2015-16 outcome measure for BMS only.

1. Reduce the severity and frequency of asthma symptoms among students with asthma who utilize the SBHC.	a. 90% percent of clinic users with asthma have a written asthma action plan. b. 80% percent of clinic users compliant with a written asthma action plan show improvement in symptoms as documented by a health care provider in the medical record. c. There is a 20% percent decrease in urgent visits (visits by clinic users seen in the School Based Health Center due to asthma symptoms) as assessed by clinician notes, Electronic Health Record, or Data Base. d. 90% percent of clinic users with asthma have a documented flu vaccine. e. The number of clinic users with asthma that report a reduction in admissions to the hospital Emergency Department during the school year is increased by 20% percent.	**See notes below for BMS outcome measure findings

BMS SBHC –
100% of students who presented to SBHC APRN with a diagnosis of asthma or who reported asthma in the medical history, received an asthma action plan if not done by PCP. September = 6; Year to date =6.

Any student with a medical history of asthma whom does not have an albuterol inhaler and spacer with the school RN was given a medical authorization form, and prescription for both (or sample, if applicable). September = 6; Year to date = 6.

Now that registration forms have all been processed, one of our next goals in meeting this outcome measure is to review the school nurse's records and identify all students in the school with diagnosis of asthma. We will then cross check who is not a school based health center member and send a letter highlighting our services (especially asthma management) home.

A second goal will be to send letters offering an influenza vaccine to all asthmatic SBHC members who are uninsured or have Medicaid.

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5. Reduce the proportion of SBHC users with obesity. 13
(Not selected as a specific measure this program year)

6. Reduce the occurrence of STDs among student SBHC enrollees.
*Selected by DHS SBHC only as a 2015-16 outcome measure

Outcomes	Measures	Achievement of Outcome
6. Reduce the occurrence of STDs among student SBHC enrollees	a. 85% of sexually active students are screened for STDs.	a. 4 DHS students as of 09/30/15 were screened for GC/CT which was 100% of those reporting sexual activity

DHS SBHC –
All students who report sexual activity will be screened for chlamydia and gonorrhea using urine based testing method. The SBHC collaborates with the CT DPH STD Division and the State Lab to screen sexually active students. Students will be referred to the Dr. Foye, MD at GDCHC, Planned Parenthood, the AIDS Project of Greater Danbury, the Danbury STI clinic and local GYN offices for additional services as needed.

7. Increase access to and utilization of primary and preventive oral health care and other essential oral public health services to improve the health status of SBHC enrollees.
(Not selected as a measure this program year)

HealthCorps Member Update:

Ally Cafferty began service with the SBHCs as the 2015-16 AmeriCorps Member effective October 2, 2015.
Activities:

- Participated in general orientation to the SBHCs at the NMS SBHC
- Participated in site specific orientation at the HATS SBHC
- Assisted with assembling of mailing of DHS SBHC CIFC enrollment packets to 3,000 families

News/Case Studies from the Field:
*A 17 year old male who was referred to the SBHC by the DHS resident police officer was seen for a needs assessment. This student is father to a 9 month old infant and is having difficulty dealing with the emotional and financial stress of being a young parent. The student's struggles were identified. The student was made aware of community resources for teen dads and for infants and the SBHC arranged for a worker from Families' Network to come to DHS to meet the student.

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*A 15 year old female with a complicated psychosocial history was seen for a school required PE. 14 This student's health needs are compounded due to medical problems, educational challenges and mental health issues including anxiety, depression and "cutting" Family issues include financial strain with a recent disconnection of electricity, lack of a family car to access mental health therapy and thus an inability to obtain prescribed psychiatric meds. Additionally, the dad is disabled.

*An 18 year old female was seen for reproductive health services which included late menses. A pregnancy which was unplanned was confirmed and subsequently a chlamydial infection was diagnosed. The student was treated onsite for the infection and was made aware of community resources for a teen mom. Emotional support was given and as per protocol the student was seen weekly until she established a relationship with a provider in the community.

*The RPMS APRN and LPC continue to work with a student who is morbidly obese. Unfortunately, the family did not provide recommended support with dietary /exercise suggestions over the summer. As a result, this student had gained an additional fifteen pounds since the end of the last school year. The APRN has communicated with local PCPs who also see this student.